

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street)

P.O. Box 4449

Check if different  
than previously  
reported. (ACC)

Cary

NC

27519

4449

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00194647

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Suzanne Coker

Signature of Treasurer

Electronically Filed by Ms. Suzanne Coker

Date

07

02

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		100876.87
(b) Cash on Hand at Beginning of Reporting Period .....	50727.75	
(c) Total Receipts (from Line 19) .....	42385.33	45042.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	93113.08	145919.07
7. Total Disbursements (from Line 31) .....	58.63	52864.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	93054.45	93054.45
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10361.60	12361.60
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	32010.00	32630.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	42371.60	44991.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	42371.60	44991.60
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	13.73	50.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	42385.33	45042.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	42385.33	45042.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	105.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	105.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	52700.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	58.63	58.63
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	58.63	52864.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58.63	52864.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	42371.60	44991.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42371.60	44991.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	105.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	105.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. R Timothy Rice

Mailing Address 1200 North Elm Street

City

Greensboro

State

NC

Zip Code

27401-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moses Cone Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: 15344664

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul M Wiles

Mailing Address 2085 Frontis Plaza Boulevard

City

Winston Salem

State

NC

Zip Code

27103-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novant Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 8

Transaction ID: 15398169

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory J Beier

Mailing Address 209 Heatherton Way

City

Winston Salem

State

NC

Zip Code

27104-4448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Forsyth Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 8

Transaction ID: 15398171

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary R. Bowers

Mailing Address 24 Crooked Oak Ct.

City

Hendersonville

State

NC

Zip Code

28791-9078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western NC Health Network

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 15446203

Amount of Each Receipt this Period

260.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dave C McRae

Mailing Address P O Box 6028

City

Greenville

State

NC

Zip Code

27835-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Health Systems  
of Eastern C

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 15487083

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Millie Harding

Mailing Address 1113 Pearson Farms Road

City

Apex

State

NC

Zip Code

27502-6741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Carolina Hospital  
Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 15487093

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Richard E. Hudson

Mailing Address 5547 A Pack House Rd.

City

Wilson

State

NC

Zip Code

27896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilson Medical Center

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 15487117

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey S Miller

Mailing Address 1200 Brookfield Court

City

High Point

State

NC

Zip Code

27262-7442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
High Point Regional Health  
System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 8

Transaction ID: 15502052

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William J Fulkerson, , M.D.

Mailing Address 815 Pleasant Green Rd.

City

Hillsborough

State

NC

Zip Code

27278-7805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke University Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 8

Transaction ID: 15502085

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Kami Anderson

Mailing Address 1620 Goley Hewett Rd. #304

City

Bolivia

State

NC

Zip Code

28422-8254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Arthur Doshier Memorial  
Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 8

Transaction ID: 15502151

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John G Currin, Jr.

Mailing Address 211 Travis Lane

City

Gibsonville

State

NC

Zip Code

27249-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alamance Regional Medical  
Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: 15515717

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Phyllis Wingate-Jones

Mailing Address 5522Challis View Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Medical Center-  
Mercy

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: 15515773

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathryn E. Heilig

Mailing Address 5404 Earle Road

City

Raleigh

State

NC

Zip Code

27606-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Carolina Hospital  
Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 15571391

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry H Chewning, III

Mailing Address P O Box 260

City

Clinton

State

NC

Zip Code

28329-0260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nash Health Care Systems

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 15571429

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph F Damore

Mailing Address 509 Biltmore Avenue

City

Asheville

State

NC

Zip Code

28801-4690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mission Hospitals

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 15571437

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

880.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mike Stevenson

Mailing Address 1711 Mission Rd.

City

Murphy

State

NC

Zip Code

28906-3776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Murphy Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 15581597

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Mahone, V

Mailing Address P O Box 1089

City

Roanoke Rapids

State

NC

Zip Code

27870-1089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halifax Regional Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 15581695

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steve Lawler

Mailing Address 3905 Cantata Dr.

City

Greenville

State

NC

Zip Code

27858-6066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pitt County Memorial Hosp-  
ital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: 15587544

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Ms Deborah G Friberg

Mailing Address 917 Welland Ct.

City

Raleigh

State

NC

Zip Code

27614-9083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WakeMed Raleigh Campus

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 15587593

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Jimm Bunch

Mailing Address 21 Bainbridge Ct.

City

Arden

State

NC

Zip Code

28704-9601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Ridge Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 15604411

Amount of Each Receipt this Period

241.60

**C.**

Full Name (Last, First, Middle Initial)

Sylvia Self

Mailing Address 182 Spring Run Dr.

City

Mooresville

State

NC

Zip Code

28117-8132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iredell Memorial Hospital

Occupation

CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 15604451

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1041.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. John K Barto, Jr.

Mailing Address 6417 Shinn Creek Ln.

City

Wilmington

State

NC

Zip Code

28409-2153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hanover Regional Medi-  
cal Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 15604465

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark T Leonard

Mailing Address 753 Savannah Drive

City

Sylva

State

NC

Zip Code

28779-6206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WestCare Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 15604491

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Paul S Franz

Mailing Address P O Box 32861  
1320 Fillmore Avenue, Unit 413

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation

Executive Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 15607641

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles T Frock

Mailing Address PO Box 5109

City

Pinehurst

State

NC

Zip Code

28374-5109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FirstHealth of the Caroli-  
nas

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 15616010

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William K Atkinson, II, Ph.D.

Mailing Address 309 Cambridge Woods Way

City

Raleigh

State

NC

Zip Code

27608-1036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WakeMed Raleigh Campus

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 15616012

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frederick G Thompson, , Ph.D.

Mailing Address 127 Trexler Drive

City

Wadesboro

State

NC

Zip Code

28170-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anson Community Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 15616106

Amount of Each Receipt this Period

480.00

**SUBTOTAL** of Receipts This Page (optional) .....

1280.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl S. Armato

Mailing Address 12521 Preservation Pointe Dr.

City

Charlotte

State

NC

Zip Code

28216-6735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Hospital

Occupation

President &amp; CEO

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: 15619415

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

10361.60